



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2005
OF THE CONDITION AND AFFAIRS OF THE
COMPUTER INSURANCE COMPANY

NAIC Group Code	0000	0000	NAIC Company Code	34711	Employer's ID Number	05-0443418
	(Current Period)	(Prior Period)				
Organized under the Laws of	Rhode Island			State of Domicile or Port of Entry		Rhode Island
Country of Domicile	United States of America					
Incorporated/Organized	01/01/1989			Commenced Business		07/01/1989
Statutory Home Office	10 Weybosset Street, Suite 502			Providence, RI 02903-2818		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office	10 Weybosset Street, Suite 502			Providence, RI 02903-2818		401-431-2920
	(Street and Number)			(City or Town, State and Zip Code)		(Area Code) (Telephone Number)
Mail Address	10 Weybosset Street, Suite 502			Providence, RI 02903-2818		
	(Street and Number or P.O. Box)			(City or Town, State and Zip Code)		
Primary Location of Books and Records	10 Weybosset Street, Suite 502			Providence, RI 02903-2818		401-431-2920
	(Street and Number)			(City or Town, State and Zip Code)		(Area Code) (Telephone Number)
Internet Website Address						
Statutory Statement Contact	Glen F. Nunez			401-431-2920		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	Glen.Nunez@hp.com			978-461-2288		
	(E-mail Address)			(Fax Number)		
Policyowner Relations Contact	10 Weybosset Street, Suite 502			Providence, RI 02903-2920		401-431-2920
	(Street and Number)			(City or Town, State and Zip Code)		(Area Code) (Telephone Number) (Extension)

OFFICERS

Name	Title	Name	Title
Irving H. Rothman	President	Louis B. Fontana Jr.	Secretary
Thomas G. Adams	Chief Financial Officer		

OTHER OFFICERS

Paul C. Brisson	Vice President	Roy Bishop	Vice President
Gerri Gold	Vice President	G. Daniel McCarthy	Vice President
Desire Mason-Jimerson	Asst Secretary	Frank McGann	Asst Secretary
James Cahillane	Asst Secretary		

DIRECTORS OR TRUSTEES

Irving H. Rothman	G. Daniel McCarthy	Thomas G. Adams	
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State ofMassachusetts.....

County ofMiddlesex..... ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Irving H. Rothman President	Paul C. Brisson Vice President	Thomas G. Adams Chief Financial Officer
Subscribed and sworn to before me this		
_____ day of _____,		

a. Is this an original filing? Yes [X] No []		
b. If no,		
1. State the amendment number _____		
2. Date filed _____		
3. Number of pages attached _____		

Schedule A - Part 1

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

Schedule D - Part 1

NONE

Schedule D - Part 2 - Section 1

NONE

Schedule D - Part 2 - Section 2

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule D - Part 5

NONE

Schedule D - Part 6 - Section 1

NONE

Schedule D - Part 6 - Section 2

NONE

Schedule DB - Part A - Section 1
NONE

Schedule DB - Part A - Section 2
NONE

Schedule DB - Part A - Section 3
NONE

Schedule DB - Part B - Section 1
NONE

Schedule DB - Part B - Section 2
NONE

Schedule DB - Part B - Section 3
NONE

Schedule DB - Part C - Section 1
NONE

Schedule DB - Part C - Section 2
NONE

Schedule DB - Part C - Section 3
NONE

Schedule DB - Part D - Section 1
NONE

Schedule DB - Part D - Section 2
NONE

Schedule DB - Part D - Section 3

NONE

Schedule DB - Part E - Section 1

NONE

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE COMPUTER INSURANCE COMPANY

SCHEDULE E - PART 1 - CASH

[illegible]

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR							
1. January	2,172,578	4. April	2,232,063	7. July	3,150,369	10. October	6,332,816
2. February	1,918,378	5. May	2,850,022	8. August	3,505,848	11. November	6,363,603
3. March	2,028,930	6. June	2,557,272	9. September	5,085,952	12. December	7,711,092

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE COMPUTER INSURANCE COMPANY

SCHEDULE E - PART 2 CASH EQUIVALENTS

Showing Investments owned December 31 of current year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE COMPUTER INSURANCE COMPANY

SCHEDULE E PART 3 - SPECIAL DEPOSITS

States, Etc.	1 Type of Deposits	2 Purpose of Deposits	Deposits with the State of Domicile For The Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA	ST.....	For the security of policyholders.....		75,875	75,875
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA	ST.....	For security of policyholders.....		500,000	500,000
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC	ST.....	For security of policyholders.....		103,248	103,248
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI	ST.....	For security of all policyholders.....	1,546,987	1,546,987	
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. US Virgin Islands	VI					
56. Canada	CN					
57. Aggregate Other Alien	OT	XXX.....	XXX.....	0	0	0
58. Total	XXX.....	XXX.....	1,546,987	1,546,987	679,123	679,123
DETAILS OF WRITE-INS						
5701.						
5702.						
5703.						
5798. Summary of remaining write-ins for Line 57 from overflow page	XXX.....	XXX.....	0	0	0	0
5799. Totals (Lines 5701 through 5703 + 5798)(Line 57 above)	XXX.....	XXX.....	0	0	0	0